

KENTUCKY RETIREMENT SYSTEMS

Perimeter Park West
1260 Louisville Road
Frankfort, KY 40601-6124
Phone: (502) 564-4646 ext. 4520
Fax: (502) 564-5656
www.kyret.com

FORM 6130

Retired Member's Social Security Number:

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October 2002

Retired Member's Name: _____

AUTHORIZATION FOR DEPOSIT OF RETIREMENT PAYMENT

PLEASE PRINT

SECTION 1: MUST BE COMPLETED BY PERSON RECEIVING BENEFIT

TYPE OF RECIPIENT: ☐ MEMBER ☐ BENEFICIARY ☐ MULTIPLE BENEFICIARY
☐ DEPENDENT CHILD ☐ ALTERNATE PAYEE (QDRO)

RECIPIENT'S NAME: _____

RECIPIENT'S SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

☐ Check if address
is newPHONE:
()

I authorize and request the Kentucky Retirement Systems to direct the net amount of my monthly retirement payment to my account at the financial institution designated below.

RECIPIENT'S
SIGNATURE: _____ DATE: _____**SECTION 2: MUST BE COMPLETED BY FINANCIAL INSTITUTION**

We, the below designated financial institution, agree to receive and accept full responsibility for depositing monthly benefit amounts to the account number shown for the recipient named above. We agree to notify the Kentucky Retirement Systems upon learning of the death of the recipient.

Name of Financial Institution:	Depositor Account Number:	Account Type (Check One): Checking <input type="checkbox"/> Savings <input type="checkbox"/>										
Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>						-					Check Digit <table border="1"><tr><td></td></tr></table>	
				-								
Authorized Signature of Financial Institution Officer:		Phone Number:										
Title:		Date:										

NOTICE:

You must complete this form to authorize deposit of your retirement benefit directly into your account at a financial institution. You must complete a new form to change financial institutions. The financial institution may be a bank, savings bank, savings and loan association, credit union or similar institution. You must already have an account with the institution before completing this form. If you do not have an account, contact the financial institution of your choice.

This form is to be used ONLY for the deposit of benefit payments from the Kentucky Retirement Systems. This form authorizes DEPOSITS ONLY. It does not authorize withdrawals from your account.

CANCELLATION:

This authorization will remain in effect until cancelled by the recipient in writing to the Kentucky Retirement Systems or upon notice of the death of the recipient. The financial institution should also be notified if you decide to cancel this agreement.

If the financial institution notifies you that it will no longer accept these deposits, you must notify the Kentucky Retirement Systems. The financial institution cannot cancel this agreement without your knowledge and consent.

REVIEW OF INSTRUCTIONS:

SECTION 1-- The Recipient must complete this portion. The recipient is the person receiving the retirement benefit. The recipient should check the appropriate block indicating the relation to the retirement system. This authorization cannot be given effect unless signed and dated by the recipient.

Member: The person who contributed to the retirement system while employed.

Beneficiary: The one person named by the member to receive benefits upon the member's death.

Dependent Child: An unmarried child under age 18 or an unmarried full-time student under age 22 who is receiving benefits by reason of the member's death or disability.

Multiple Beneficiary: One of the individuals named by the member to share benefits upon the member's death.

Alternate Payee (QDRO): An individual receiving a portion of the member's account by reason of a court order.

SECTION 2-- The recipient's financial institution must complete Section 2 providing the information needed to make the deposit.

Depending on the date of receipt, it may take approximately two months before funds are deposited directly into the account indicated on this form.